

INTERVIEW FOR REFERENCES

Name of Reference: _____

Date: _____

_____ *has applied to be a Volunteer at Haven Health Clinic, and has listed you as a Reference on her behalf. Please answer the following questions to the best of your knowledge and submit your responses via mail or email to:*

*Loresa Heyward
Haven Health Clinic
311 Redmond Road
Rome, GA 30165
lheyward@havenclinic.org*

How long have you known _____? _____

In what capacity?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Bible Studies | <input type="checkbox"/> Exercise class | <input type="checkbox"/> Neighbor |
| <input type="checkbox"/> Children | <input type="checkbox"/> Friend of family | <input type="checkbox"/> Work |
| <input type="checkbox"/> Church | <input type="checkbox"/> Friends | <input type="checkbox"/> Other _____ |

As a Volunteer, _____ will be working with young ladies who may be experiencing an unplanned, and possibly, an unwanted pregnancy.

Describe why you think _____ would serve well as a Volunteer Advocate at Haven Health Clinic. (Only check characteristics that you have witnessed. Unchecked characteristics do not disqualify her application. Feel free to add qualities not listed.)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Caring | <input type="checkbox"/> Empathetic | <input type="checkbox"/> Listener | <input type="checkbox"/> Speaks truth in love |
| <input type="checkbox"/> Christian values | <input type="checkbox"/> Encouraging | <input type="checkbox"/> Non-Judgmental | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Comfortable in crisis situations | <input type="checkbox"/> Gives Good Advice | <input type="checkbox"/> Not affected by emotions/drama | <input type="checkbox"/> Wise |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Good Heart | <input type="checkbox"/> Patient | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Easy to talk to | <input type="checkbox"/> Great Friend | <input type="checkbox"/> Relates well | _____ |
| | <input type="checkbox"/> Level-headed | | _____ |

Describe how you've seen her life reflect a strong commitment to living a godly life. (Only check those that you have witnessed. Qualities unchecked do not disqualify her application. Feel free to add additional activities that you are aware of.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Committed to Growing spiritually | <input type="checkbox"/> Participates in Bible Studies | <input type="checkbox"/> Speaks of her faith |
| <input type="checkbox"/> Loves the Lord | <input type="checkbox"/> Passionate | <input type="checkbox"/> Speaks truth |
| <input type="checkbox"/> Obedient to God's Will | <input type="checkbox"/> Prays | <input type="checkbox"/> Walks the Walk |
| | <input type="checkbox"/> Shares Christ Freely | <input type="checkbox"/> Volunteers |
| | | <input type="checkbox"/> OTHER _____ |

Our Volunteers need to be skilled (or willing to be trained) to complete interview/counseling sessions while at the same time express compassion, encouragement, and the love of Christ to our patients. Volunteers are often given the opportunity to share the Gospel with a patient and lead her to profess Christ as her personal Savior. We are not here to judge the actions of our patients, but rather to offer them support, hope, and a place of refuge during what might be a very difficult time in their life.

Do you feel comfortable recommending _____ as a Volunteer for Haven Health Clinic?

____ Yes, absolutely! ____ Not at this time

Additional Comments:

Submitted by: _____
Signature

Date

Received by: _____
Haven Health Clinic, Executive Director

Date